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ABSTRACT

The Centers for Disease Control and Prevention (CDC) find that most major health problems in the United States today are caused by six categories of behavior. Comprehensive school health education programs represent one effective way of providing students with the knowledge and skills to prevent health-impairing impairing behaviors. The purpose of this Digest is to assist schools in developing and evaluating comprehensive health education and to lay a framework for local school boards to use in determining the content of health curricula in their communities. This digest provides a discussion of: (1) research on the ability of health instruction to change children's health status; (2) broad standards that promote health literacy developed by the Joint Committee for National School Health Education Standards (1995), emphasizing the capacity of individuals to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways which enhance health; (3) health curriculum content; (4) teaching practices that develop health knowledge, attitudes, and skills; and (5) implications for teacher education. Sources of additional information on health curricula are included. (Contains 11 references.) (LL)

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NATIONAL STANDARDS FOR SCHOOL HEALTH EDUCATION

ERIC DIGEST October 1995

by

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National Standards for School Health Education

Liane M. Summerfield

Why Have Health Instruction in the Schools?

The Centers for Disease Control and Prevention (CDC) finds that most major health problems in the U.S. today are caused by six categories of behavior: behaviors that lead to intentional and unintentional injuries; smoking; alcohol and other drug use; sexual behaviors leading to sexually transmitted diseases, HIV infection, and unintended pregnancy; poor nutrition; and lack of physical activity (Kolbe, 1993a). According to Kolbe (1993a), behaviors and attitudes about health that are initiated during childhood are responsible for most of the leading causes of death, illness, and disability in the U.S. today. Comprehensive school health education programs represent one effective way of providing students with the knowledge and skills to prevent health-impairing behaviors.

Research on the Ability of Health Instruction to Change Children's Health Status

Health education works. Hundreds of studies have evaluated health education and concluded that it is effective in reducing the number of teenage pregnancies, decreasing smoking rates among young people, and preventing the adoption of many high-risk behaviors. But its effectiveness depends upon factors such as teacher training, comprehensiveness of the health program, time available for instruction, family involvement, and community support (Gold, 1994; Seffrin, 1990). And, sequential school health education programs for K-12 students have been found to be more effective in changing health behaviors than occasional programs on single health topics (Kolbe, 1993b).

The Louis Harris survey of over 4,700 students in grades 3 through 12 who were attending 199 public schools found that health knowledge, attitudes, and behaviors improved with increasing years of health instruction (Louis Harris, 1989). The School Health Education Evaluation (Connell, Turner, & Mason, 1985), which looked at four different health curricula for 30,000 4th through 7th graders in 20 states, found:

- Students receiving health instruction had higher knowledge scores than students with no health instruction, with the greatest differences seen in knowledge of substance use and abuse;
- Knowledge, attitudes, and skills improved even with minimal instruction, but gains were most apparent when students received at least 50 hours of health instruction per school year; and
- More hours were needed to improve attitudes than to enhance health knowledge and practices.

National Standards for Health Education

To assist schools in developing and evaluating comprehensive health education programs, the Joint Committee for National School Health Education Standards (1995) has developed guidelines for school health standards. The committee was made up of representatives from the Association for the Advancement of Health Education, the American Public Health Association, the American School Health Association, and the Society of State Directors of Health, Physical Education and Recreation and was sponsored by the American Cancer Society.

The committee's goal was to emphasize the need for school health education and create a framework for local school boards to use in determining content of the health curriculum in their communities. There are seven broad standards that promote health literacy, which is *the capacity of individuals to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways which enhance health* (Joint Committee, 1995, p. 5). For each standard there are performance indicators to help educators determine the knowledge and skills that students should possess by the end of grades 4, 8, and 11.

- Standard 1: Students will comprehend concepts related to health promotion and disease prevention. Performance indicators for this standard center around identifying what good health is, recognizing health problems, and ways in which lifestyle, the environment, and public policies can promote health.
- Standard 2: Students will demonstrate the ability to access valid health information and health-promoting products and services. Performance indicators focus on identification of valid health information, products, and services including advertisements, health insurance and treatment options, and food labels.
- Standard 3: Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks. Performance indicators include identifying responsible and harmful behaviors, developing health-enhancing strategies, and managing stress.
- Standard 4: Students will analyze the influence of culture, media, technology, and other factors on health. Performance indicators are related to describing and analyzing how one's cultural background, messages from the media, technology, and one's friends influence health.
- Standard 5: Students will demonstrate the ability to use interpersonal communication skills to enhance health. Performance indicators relate to interpersonal communication, refusal and negotiation skills, and conflict resolution.
- Standard 6: Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health. Performance indicators focus on setting reasonable and attainable goals and developing positive decision-making skills.
- Standard 7: Students will demonstrate the ability to advocate for personal, family, and community health.

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Performance indicators relate to identifying community resources, accurately communicating health information and ideas, and working cooperatively to promote health.

Health Curriculum Content

The school health education program should be based upon local needs— the health behaviors and problems within the school population—and national data suggesting the health status of children and youth. Experts have identified 10 content areas as necessary for a comprehensive school health education program (American School Health Association, 1994):

- community health
- consumer health
- environmental health
- personal health and fitness
- family life education
- nutrition and healthy eating
- disease prevention and control
- safety and injury prevention
- prevention of substance use and abuse (alcohol, tobacco, drugs)
- growth and development

The objective is to offer an ongoing, sequenced, and developmentally appropriate program that is consistent with community needs and providing at least 50 hours per year of health instruction. Some references for identifying curricula are listed at the end of this Digest.

Teaching Practices that Develop Health Knowledge, Attitudes, and Skills

At the elementary and middle school level, the classroom teacher is expected to teach health as a curricular area like math, reading, and social studies. At the high school level, 39 states require that health be taught by a teacher who is certified in health education (Allensworth, 1993). Many teachers avoid health subjects because of inadequate undergraduate training.

The most effective methods of instruction in health are student-centered approaches: hands-on activities, cooperative learning techniques, and activities that include problem-solving and peer instruction to help students develop skills in decision-making, communication, setting goals, resistance to peer pressure, and stress management (Kane, 1993; Seffrin, 1990). As with other instructional areas, the teacher should promote parental involvement by sending materials home, involving parents in classroom activities, and creating assignments that involve parents.

Because of time limitations in the school day, some teachers find it helpful to infuse health topics into other subject areas. For example, a unit on smoking might include (Allensworth, 1993):

- investigating the effects of smoking on body systems (science);
- developing, administering, and analyzing a survey on student attitudes about smoking (math);
- writing an antismoking advertisement (language arts);
- examining the economics of smoking in states where tobacco is a significant crop (social studies).

Implications for Teacher Education

Teacher preparation is critical to successful school health education programs. If children and youth are to achieve health literacy, teacher preparation programs will need to support preservice health education that addresses:

- health content
- teaching methods for teacher education
- including health content across the curriculum
- cultural diversity of teachers and students
- assessment of student achievement of National Health Education Standards

Sources of Additional Information on Health Curricula

Choosing the tools: A review of selected K-12 health education curricula. (1995). Newton, MA: Educational Development Center (1-800-225-4276).

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